County of Roanoke Department of Community Develop	men
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Permit No. M					
Date Issued	/	/			

Project Address	Contractor / Inspec	Contractor / Inspector		
Owner Name	Phone No.	Phone No.		
Address	Individual, Partner			
City Phone No.	Phone No.		License No.	
Installation Description		Additional information:		
☐ New ☐ Addition				
☐ Alteration ☐ Repair				
☐ Replace	Building Descri	<u>ption</u>		
Elevator Description	☐ Office	☐ Apartment	☐ Retail	
Number of units	☐ Warehouse	\Box Theatre	☐ Garage	
Number of building stories	☐ Nursing home	\Box Hospital	☐ Church	
vulleer of building stories	☐ Restaurant	☐ Gas Station	☐ Factory	
Passenger elevator	Other			
Freight elevator	Dlagge indicate	the specific leastice	s of alovatori	
Escalator		Please indicate the specific location of elevator in relation to the building.		
Other				
	Fees			

Permits can be issued by mail when accompanied by amount due and self-addressed envelope.

This permit is granted on condition that the proposed work conforms to the requirements of the Virginia Uniform Statewide Building Code and all applicable laws and ordinances. A copy of the inspection report must be included with application.

Applicant's Signature Date